

| CATEGORY | INCOME COMPARED | HOUSEHOLD SIZE | | RESOURCE LEVEL | | SPECIAL NOTES COLA 2.7%; inflation rate 2.6% estimate 01/01/05 |
|--|-------------------------------------|------------------|------------------|----------------------------|----------------------------|--|
| | | 1 | 2 | 1 | 2 | |
| PRESUMPTIVE ELIGIBILITY FOR PREGNANT WOMEN | 100% FPL 200%FPL | N/A N/A | 1,070 2,139 | NO RESOURCE TEST | | Qualified provider makes the presumptive eligibility determination. Cannot spenddown to become eligible for presumptive eligibility. |
| PREGNANT WOMEN | 100% FPL 200%FPL | N/A N/A | 1,070 2,139 | NO RESOURCE TEST | | If the woman is determined eligible in any month of her pregnancy, she is guaranteed eligibility for the entire pregnancy (prospectively). If the A/R applies prior to the birth of the child she is entitled to a 60 day post-partum extension also. The baby will have guaranteed eligibility for one year. If the income is above 200% FPL the A/R must spenddown to the Medicaid income level. |
| CHILDREN UNDER ONE | 200%FPL | 1,595 | 2,139 | NO RESOURCE TEST | | If the income is above 200% FPL the A/R must spenddown to the Medicaid income level. One year guaranteed eligibility if mother is in receipt of Medicaid on delivery. Eligibility can be determined in the 3 months retro to obtain the one year extension. |
| CHILDREN AGE 1 THROUGH 5 | 133% FPL | 1,061 | 1,422 | NO RESOURCE TEST | | If the income is above 133% FPL the A/R must spenddown to the Medicaid income level, resources will also be evaluated. |
| CHILDREN AGE 6 THROUGH 18 | 100% FPL | 798 | 1,070 | NO RESOURCE TEST | | If the income is above 100% FPL the A/R must spenddown to the Medicaid income level, resources will also be evaluated. |
| UNDER 21, ADC-RELATED AND FNP SINGLES/CHILDLESS COUPLES | MEDICAID LEVEL | 667 | 975 | \$4,000.00 | \$5,850.00 | FNP parents cannot spenddown. |
| LOW INCOME FAMILIES | PA STANDARD OF NEED | VARIES BY COUNTY | VARIES BY COUNTY | \$2,000.00 | \$2,000.00 | The A/R cannot spenddown income or resources. Over age 60, resources are \$3000. |
| SSI-RELATED | MEDICAID LEVEL | 667 | 975 | \$4,000.00 | \$5,850.00 | Household size is always one or two. |
| BUY-IN (QMB) | 100%FPL | 798 | 1,070 | \$4,000.00 | \$6,000.00 | Medicare Part A & B, coinsurance, deductible and premium will be paid if eligible. |
| COBRA CONTINUATION COVERAGE | 100%FPL | 798 | 1,070 | \$4,000.00 | \$6,000.00 | A/R may or may not be eligible for Medical Assistance benefits. |
| AIDS INSURANCE | 185%FPL | 1,476 | 1,978 | NO RESOURCE TEST | | A/R must be ineligible for Medicaid, including COBRA continuation. Premium payments are FNP. |
| QUALIFIED WORKING & DISABLED INDIVIDUALS | 200%FPL | 1,595 | 2,139 | \$4,000.00 | \$6,000.00 | Medicaid will pay Medicare Part A premium. |
| SPECIFIED LOW INCOME MEDICARE BENEFICIARIES (SLIMBS) | BETWEEN 100% BUT LESS THAN 120% | 798 957 | 1,070 1,283 | \$4,000.00 | \$6,000.00 | If the A/R is determined eligible, Medicaid will pay Medicare Part B premium. |
| QUALIFIED INDIVIDUALS (QI-1) | BETWEEN 120% BUT LESS THAN 135% FPL | 957 1,077 | 1,283 1,444 | NO RESOURCE TEST | | If the A/R is determined eligible, Medicaid will pay Medicare part B premium. |
| FAMILY HEALTH PLUS PARENTS LIVING WITH CHILDREN SINGLES/CHILDLESS COUPLES | 150% 100% | 1197 798 | 1,604 1,070 | \$12,000.00 \$12,000.00 | \$17,550.00 \$17,550.00 | The A/R must be ineligible for Medical Assistance. The A/R cannot spenddown to become eligible for Family Health Plus. |
| FAMILY PLANNING BENEFIT PROGRAM | 200% | 1,595 | 2,139 | NO RESOURCE TEST | | The A/R must be ineligible for Medical Assistance or Family Health Plus. The A/R cannot spenddown to become eligible for the Family Planning Benefit Program.. |